

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOI USE WITH FORM PTO-875)</small>				SERIAL NO.		FILING DATE	
				APPLICANT(S) <div style="font-size: 1.5em; font-weight: bold;">097485245</div>			
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL DEP.		7		7			
TOTAL CLAIMS							